WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Government Property Active School Zone NO Seconda Seconda Seconda	Document Number Override	Primary Crash Document #	# Agency 25-08	Crash Number	Investigating O		1
Date Notified 08/02/2025 Time Notified 12:42 PM Date Notified 08/02/2025 Total Injured 00 Total Injured 00 Date Notified 08/02/2025 Total Injured 00 Date Notified 00 D							
Government Property Active School Zone NO Tags Crash Type PRIVATE PROPERTY/PARKING LOT	Date Notified	Time Notified		nits	Total Injured		ed
Property Property Property Reportable PRIVATE PROPERTY/PARKING LOT Photos By Private Campground Additional Information NONE Private Campground Additional Information NONE	On Emergency Hit	and Run Lane	e Closure	☐ Work Zone	Trailer or	Towed	Reporting Threshold
Reportable Crash Type PRIVATE PROPERTY/PARKING LOT Amended Seconda Crash Description Diagram Photos By Photos By Additional Information NONE Additional Information		Active School Zone	_	Bus Related	Tags		
Private Campground Private Campground Additional Information NONE Reconstruction By Photos By		Crash Type PRIVATE PROPERTY/	PARKING LO	Г	Amended	I	Secondary Crash
Private Campground Additional Information NONE Additional Information							_
Private Campground Additional Information NONE				Not to Scale		hotos By	
		Private Campgro	und	Not to Scale	A	dditional Info	ormation
I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. ON AUGUST 2, 2025 AT APPROXIMATELY 12:41PM IN A PRIVATELY OWNED CAMPGROUND OFF HWY 136, UNIT 1 WAS ATTEMPTING TO PULL INTO A PARK	_					TEMPTING T	CO DUILL INTO A DADIVINO

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	Location									
		VATE PROPERTY				Latitude			Longitu	de
		329 STH136 EB				43.4357	53096		_	040324
	(HO	USE/BUILDING E1132	29)			X Coordin	ate		Y Coord	
	 	HE TOWN OF BARAB	200			276595.7			48129	
		AUK COUNTY	500		Structure	Туре		<u> </u>		
	•						BUILDING	i		
	Cra	sh Scene								
		Harmful Event				First Harn	nful Event Lo	ocation		
	PAF	RKED MOTOR VEHICL	.E					OCATION	UNKNOV	VN
	Man	ner of Collision			Light Con					
	01 -	ANGLE			DAYLIG	HT				
	Roa	d Surface Condition(s)				Roadway	Factor(s)			
	GR	AVEL								
	Envi	ronment Factor(s)				-				
	NOI	NE				NONE				
	Wea	ther Condition(s)				1				
	CLC	DUDY								
	Anin	nal Type				Relation 1	o Trafficway	/		
		•						Y - OTHER		
	Cras	h Classification - Location				Crash Classification - Jurisdiction				
	PRI	VATE PROPERTY				PRIVATE PROPERTY				
	Triba	al Land				Access Control Special Study NO CONTROL			Special Study	
	With	in Interchange Area		Intersection		IIKUL				
	NO		Junction Location NON-JUNCTION			INTERSE	CTION			
	Uni	t Summary			Ļ					
		Unit Status Vehicle Operating As C				Classification Unit Type				
	IN T	IN TRANSIT D CLASS				TRUCK				
_		Vehicle Type						Operating A	As Endorse	ments
0		LITY TRUCK/PICKUP	17					I T-4-111-	-M-4 T	
	1 ota	I Occs	Train/Bus # Recorded	Total # Citations Issued 0		d	Total Trailers 0		ers Total HazMat Types 0	
		rance?	Direction Of Travel			Connection				188
_	YES		NOT ON ROADWAY	Pre	CrashTire Mark	re N/A		0		.55
L N O		t Harmful Event: Collision \		Special Function			1.07.	Emergency Motor Vehicle Use		
-	PAF	RKED MOTOR VEHICL		NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE		
					Traffic Control			Traffic Control Inoperative/Missing		
	PARKING LOT OR PRIVATE PROPERTY Surface Type SLAG, GRAVEL, OR STONE Truck Bus or HazMat			NO CONTROL				NO Road Grade		
				Road Curva					LEVEL	
				STICATOR				LEVEL		
	NO									
	,	Vehicle								
		License Plate Number	Plate Type LTK Make		St Country of Issuance					
		4114508B				IL	UNITED STATES Model			
7	_	Vehicle Identification Nur				Year				
0	2				FORD 2021			F150		
		Color TAN - TAN	Body Style				Bus Use			
	ш	Initial Contact Point		Vehicle Da					<u> </u>	
⊨	SL	11 - LEFT FRONT CO	ORNER		J -					7 8 9 10 11
LNO	EHICLI	Extent Of Damage		11 - LEF	T FRONT	CORNER				6 2 2 12
_	A	FUNCTIONAL DAMAGE								5 4 3 2 1

6TL0FKD6NW

25-08079

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Crash Date 08/02/2025

		Towed Due To Damage NOT TOWED		Vehicle Removed By				
		What Driver Was Doing		OPERATOR Vehicle Factors				
		RIGHT TURN		verlicie i actors				
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions	•					
_	LE	IMPROPER TURN						
LNO	₽							
–	VEHICLE							
		Owner Name		Owner Address				
0	01	ELIZABETH FRANKO (402) 619-9969		12150 REGENCY HUNTLEY, IL 6014				
0)	(102) 010 0000			,			
		Sequence Of Events						
		Event						
	01	PARKED MOTOR VEHICLE						
	02	Event						
	03	Event						
		Firest						
	04	Event						
⊨	i	Policy Holder						
LNO		Insurance Company STATE-FARM-CLASSIC-INS	INDIVIDUAL ELIZABETH FRANK	(0				
		Individual	3 00	LLILABETTTTOAT				
		DRIVER	Citations Issued Sex					
	_	CHERYL MUSCH	0 FEMALE					
	INDIVIDUAL	(630) 661-7488	Date of Birth	Race				
╘	JDI							
L	0	Address 135 W QUINCY ST	Driver License Number					
	Z	WESTMONT, IL 60559 , US		STATE: ILLINOIS COUNTRY: UNITED STATES				
	Cod	On Duty C	crash	Safety Equipment				
	Sai	fety Equipment						
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT			
		Helmet Use	Or - EEI 1	Helmet Compliance				
		Eye Protection	Tint Compliance					
_	_	Injury Sev	Airbag					
2	00	Injury NO APP	ARENT INJURY	NON DEPLOYED				
		Ejected Ejection Path				Trapped/Extricated		
		NOT EJECTED NOT EJECTED/NOT APPLI Medical Transport				NOT TRAPPED EMS Run #		
		NOT TRANSPORTED	EMS Agency Identifier EMS Ru		LWO Kull #			
		Hospital		Date of Death		Time of Death		
		Diatra -tl	By Source					
		Distracted By NOT API	By Source PLICABLE (NOT DISTRA	ACTED)				
		Distracted By Action NOT DISTRACTED						

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		Non Motorist	king Unit#	Location					
		Prior Action							
		Action							
	A _L								
UNIT	INDIVIDUAL								
5									
	=								
		Action Other							To/From School
		I Sug	pected Alcohol U		Cupperted Drug Hee				
	L	Drug & Alcohol NO	pected Alcohol O	se	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test	t Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	S		
10	001	Drug Type							
0	8								
		Individual Condition							
		APPEARED NORMAL							
		t Summary							
	Unit Status LEGALLY PARKED			Vehicle Operating As Classification Unit Typ D CLASS AUTON			ype DMOBILE		
02		cle Type		I		Operating As Endorsements			
		PASSENGER VAN Total Occs Train/Bus # Recorded			Total # Citations Issued Total Trai		lers	Total HazN	Mat Types
	2 Insu	rance?	Direction Of Tra	0 avel	0		nit	0 Total Lane	es
⊨	YES	3	NOT ON ROA	ADWAY	Mark N/A		Emergency Motor Vehicle Use		
LIND		t Harmful Event: Collision W TOR VEH IN TRANSPO			pecial Function O SPECIAL FUNCTIO	NOT APPL		cle Use	
		ic Way KKING LOT OR PRIVAT	E DDODEDTY		affic Control O CONTROL	Traffic Control Inoperative/Missing NO			
	Surfa	асе Туре			pad Curvature	Road Grade			
		kG, GRAVEL, OR STON k Bus or HazMat	E	S	STRAIGHT			LEVEL	
	NO								
	`	Vehicle License Plate Number		I p	late Type	St	Country of Is:	suance	
		AM53922		Δ	UT	IL	UNITED STATES		
02	07	Vehicle Identification Number KNDMB5C14G6214123			lake (IA	Year 2016	Model SEDONA		
		Color RED - RED			ody Style 'N - VAN	Bus Use			
	щ	Initial Contact Point			ehicle Damage				7 8 9 10 11
UNIT	VEHICLE	04 - RIGHT SIDE REAL Extent Of Damage	R		03 - RIGHT SIDE MIDD)LE, 04 - RIGHT	SIDE REAR	,	6 2 12
_	VEI	FUNCTIONAL DAMAG	E						5 4 3 2 1
		Towed Due To Damage NOT TOWED		Vehicle Removed By					

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		What Driver Was Doing		Ve	ehicle Factors				
		LEGALLY PARKED		N	NOT APPLICABLE				
		Driver Prior Action Other		, in	OT AFFLICABLE				
		Driver Actions							
_	E	NO CONTRIBUTING AC	TION						
LINO	VEHICLE								
_	VE								
		Owner Name NANCY LITTLE			Owner Address 654 N AIRLITE ST				
02	02				ELGIN, IL 60123 2	2675, US			
		Sequence Of Event	S						
	0	MOTOR VEH IN TRANS	PORT						
	02	Event							
	03	Event							
	04	Event							
_		Policy Holder							
LIND		Insurance Company			INDIVIDUAL				
ر		COUNTRY FINANTIAL			NANCY LITTLE				
	ļ	Individual OCCUPANT			Citations Issued	Sex			
	_	CAMERON HARLEY-KOZUBEK (224) 234-9956			0	MALE			
	INDIVIDUAL				Date of Birth	Race WHITE			
L	$\overline{\mathbb{Z}}$	Address			Driver License Number				
_	Z	654 N. AIRLITE STREET ELGIN, IL 60123,US			STATE: ILLINOIS COUNTRY: UNITED STATES				
	Saf	On Duty Crash fety Equipment			Safety Equipment				
		Row	Seat Po		NONE USED - VEHICLE OCCUPANT				
		01 - FRONT ROW Helmet Use	09 - RI	GHI	Helmet Compliance				
		Eye Protection			Tint Compliance				
05	002	Injury NO A	Severity	N III DV	Airbag UNKNOWN				
		Ejected	Ejection Pa	th	UNKNOWN		Trapped/Extricated		
		UNKNOWN UNKNOWN					UNKNOWN		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
		Hospital			Date of Death		Time of Death		
		Distracted By	cted By Source	e					
		Distracted By Action							
		Strikir	ng Unit#	Location					
		Non Motorist	-						

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		Prior Action								
		Action								
	INDIVIDUAL									
LNN	ם									
5	<u>></u>									
	N									
		Action Other					To/From School			
	į	Suspected Alcohol U Orug & Alcohol NO	se	Suspected Drug Use NO						
	_	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN	Alcohol Test Type	7		Alcohol Test Nesults				
		Drug Test Given	Drug Test Type		Drug Test Results					
		TEŠT NOT GIVEN								
05	002	Drug Type								
	0									
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		OCCUPANT		Citations Issued	Sex					
	إ	RYDER KOZUBEK		0	MALE					
	INDIVIDUAL		Date of Birth	Race						
Ĭ N N	<u> </u>	Address	Driver License Number							
_ ر	ND	654 N. AIRLITE STREET ELGIN, IL 60123 , US								
		22011, 12 00 120 , 00								
	Saf	On Duty Crash		Safety Equipment						
	Jai			NONE USED - VEHI	CLE OCCUDANT	-				
		Row Seat Po 02 - SECOND ROW 07 - LE		NONE USED - VEHI	CLE OCCUPANT					
		Helmet Use		Helmet Compliance						
		Fue Dretestion								
		Eye Protection		Tint Compliance						
05	003	Injury Severity		Airbag						
	0	Injury NO APPARENT IN	NJURY	UNKNOWN		Trapped/Extricated				
		UNKNOWN UNKNOW				UNKNOWN				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED		Date of Dooth		Time of Dooth				
		Hospital		Date of Death		Time of Death				
		Distracted By Source	•	•		•				
		Distracted By Action								
		Non Motorist Striking Unit #	Location							
		Prior Action								

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		Action					
	AL						
LIND	DO,						
5	INDIVIDUAL						
	Z						
		Action Other					To/From School
	ļ	Suspected Alcoho	l Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	Drug Toot Tymo		ID T (D)		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	•	
02	003	Drug Type	ı		l.		
_	0						
		Individual Condition					
		APPEARED NORMAL					